

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90040 050 ****70.00

DOCUMENT # N15927	
1. Entity Name ASOLO THEATRE, INC.	

Principal Place of Business 5555 NORTH TAMiami TRAIL SARASOTA FL 34243	Mailing Address 5555 NORTH TAMiami TRAIL SARASOTA FL 34243
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2717909	Applied For ☐
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIGABRIELE, LINDA 5555 N. TAMiami TRAIL SARASOTA FL 34243	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP WISE, MARGARET 5555 N TAMiami TRAIL SARASOTA FL 34243 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKLE, E. NANCY 5555 N TAMiami TRAIL SARASOTA FL 34243 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADBURY, DOUGLAS 5555 N TAMiami TRAIL SARASOTA FL 34243 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD KURLAND, ALAN 5555 N TAMiami TRAIL SARASOTA FL 34243 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD BUCK, SUSAN 5555 N. TAMiami TRAIL SARASOTA FL 34243 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVER, HARRIS 5555 N. TAMiami TRAIL SARASOTA FL 34243 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walker Perkins* **1/18/07 (941) 351-9010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone